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FAX TRANSMITTAL SHEET

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In

Number of Pages (including this page)

Date:

Examiner: Fish, Jamieson W.

To:

Art Unit: 2617

Location:

United States Patent and Trademark Office

Fax No.:

571-273-8300

From:

Attorney: Lawrence T. Cullen

Reg. No. 44,489

Subject:

Serial No. 09/837.526 Filed: 4/18/2001

Docket No. BCS03400

(PD05962AM)

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MESSAGE:

Enclosed herewith, please find Petition for Revival of an application for patent abandoned unintentionally Under 37 CFR 1.137(b), Request for Continued Examination (RCE) Transmittal, Information Disclosure Statement, and Fee Transmittal, Petition for Extension of Time, and Change in Correspondence Address, for filing in the above-identified application.

PLEASE GIVE THESE PAPERS TO:

EXAMINER:

Fish, Jamieson W.

GROUP ART UNIT:

2617

FEB 1 7 2006

| | | | Complete if Known | | | | | | |
|---|--------------------------------|------------|----------------------|-----------------------|-------------|----------------------|--------------------------|----------------|--|
| Effective on 12/08/2004 Facs pursuent to the Consoldiated Appropriations Act 2005 (H.R. 4818) | | | | | | | 3/837,528 | | |
| FEE TRANSMITTAL | | | Filing Date | | | April 18, 2001 | | | |
| For FY 2005 | | | First Named Inventor | | | Robert Uskali | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Examiner Name | | | Fish, Jamieson W | | | |
| Applicant daints small entity states, dee or of the tize | | | | | | 2617 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 3310 | | | | | | BCS03400 (PD05962AM) | | | |
| | Attomey | Docket No. | | BCS0 | 3400 (20059 | 6ZAM) | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check Credit card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments | | | | | | | | | |
| under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| FILIN | RCH FE | | EXAMINAT | | | | | | |
| Application Type | Small Entity Fee (\$) Fee (\$) | Rec | ≥ (\$) | Small Entity Fee (\$) | Fee (S | | Small Entity Fee (\$) | Fees Paid (\$) | |
| Utility | 300 150 | | 00 | 250 | 200 | _ | 100 | | |
| Design | 200 100 | • | 00 | 50 | 130 | | 65 | | |
| Plant | 200 100 | _ | 00 | 150 160 | | | 80 | | |
| Reissue | 300 150 | | 00 | 250 600 | | | 300 0 | | |
| Provisional | 200 100 | 1 | 0 | 0 | 0 | | U | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | | |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$) 50 25 | | | | | | | | | |
| Each independent claim over 3 or, for Relasues, each Independent claim more than in the original patent 200 100 | | | | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims | | | | | | | | | |
| - 20 or HP= | | | | | | | | | |
| | | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | | |
| HP-highest number of independent daims paid for, if greater than 3 | | | | | | | | | |
| 3. APPLICATION SIZE FEE: | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Totel Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (s) Fee Paid(S) | | | | | | | | | |
| - 100 /50 - (round up to a whole number) x | | | | | | | | | |
| 4. OTHER FEE(S) Fee Paid (\$) | | | | | | | | | |
| RCE \$790 | | | | | | | | | |
| Petition for Revival \$1500 3 Month Extension of Time \$1020 | | | | | | | | | |
| Complete (if applicable) | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Name (Print/Type) | Lawrence T. Cullen | | | Registration N | 0. 44,48 | 39 | Telephone | 215-323-1797 | |
| Signature | 3 mlm | <u> </u> | | | | Date | 2/11/0 | 6 | |